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NURSING IN MISSION STATIONS

American Christian Hospital, Talas, Cesarea, Asiatic Turkey,
SEPTEMBER 23, 1907.

MY DEAR EDITOR:—We are situated here in the heart of Turkey, three days' journey from a railway. Practically nothing of what is regarded in America as hospital furnishing is to be had around us; however, we have the raw materials.

We have a stone hospital building of twenty-nine rooms, with two wards, capable of accommodating eighteen patients each. Part of the floors are stone and part wood, wood being an expensive item. Most of our wood is painted in a combination of two gray colors, the panels a lighter shade and a frame of a darker shade. Painting in this country is always done in highly colored blues, reds, and yellows.

Sterilizers have been made from copper and zinc. A large one for sterilizing the water is made on the pattern of the tea-making "samovar" but much larger. In this way a large volume of water heats quickly.

Our supply of dressings is sterilized in a large copper one made on the pattern of the Arnold, only round. It is heavy and rather awkward to handle but does good work.

The operating-room furniture, the operating table, instruments, and dishes are importations from America; but the instrument case and extra tables are of wood, painted white. The ward furniture and clothes are made here except the beds, the blankets, and the white spreads. We call our hospital the American Christian Hospital and we aim to make it so. Our nurses, four native women, and three native men, do very good work. So far we have not had a training school but may live to see the day when we will have one.

The women nurses at first were widows. They had the ancient idea that no self-respecting person would do nursing and it was with much ado they could be persuaded to come. When they did come they had to learn the work from its foundation; how to make the beds, for they have no such beds; how to sweep the floor, for they have no such brushes as we commonly use in the wards; how to wait on the patients while in bed, for they had never seen a patient's bed made while she was in it; a bath in bed was a further impossibility. They bathe and wash only in running water. We taught them also how to serve the food hot and in a neat manner; not to leave food all the time on the

tables or permit the patients to hide it in their beds. Even now I draw out some bread or onions or dried fruit, occasionally, from some patient's pillow.

They learn by constant talking to and by the enforcement of minute and detailed rules. They did not possess the idea that rules were made to be kept. They had no idea of controlling their patients; if a patient wanted a thing, of course they must let him have it. Exercising authority over him for his own good they had to learn.

They had little idea of control of themselves. After the first patient died, the nurse who had charge of her fled to her room and spent most of the following week weeping. The first night she spent most of the time out of her bed weeping loudly.

Night duty, with the idea of their sleeping during the day, was the limit. They had strong objections to new methods and one so contrary to human nature was impossible. Even now, after years of experience, they hardly grasp the idea of its necessity.

So we might go down the list of nurses' duties and find that in all points they were entirely ignorant, proper care for the sick and aged being only imperfectly understood in their own homes, and hospital organization unknown.

The difficulties were further enhanced by the gossip and scandal in the town concerning the nurses and hospital employees generally. For men and women to work together in the same building, is foreign and utterly opposed to the customs of the people.

It did not seem best that nursing methods should be modified but rather that the nurses should be trained up to American standards. Now, the nursing work appeals to the graduates of the Girls' High School and they are glad to be enrolled among our nurses and we hope to carry on the work more like a training school. Our hospital has been organized with the definite purpose of doing missionary work and there is a definite effort along that line which is not common to hospitals.

Prayers in the morning usually consist in the reading of a psalm and a prayer, finishing with the Lord's Prayer. The evening prayers consist of the singing of a hymn, reading from the gospels, and prayer.

Sundays, after dinner, the hospital staff with some of the girls from the Girl's School gather in the ward for singing.

Each patient has the right to choose a hymn from which we sing two verses. Occasionally patients are inclined to make a disturbance or to stick their fingers in their ears that they may not hear. Usually, however, it is as it was with the two Moslem young women who put

their fingers in their ears but later were persuaded to listen and became so fond of the hymns that they took a hymn book home with them.

We aim that each patient shall hear the gospel story and trust the Lord of the Harvest to bring forth the fruit.

RACHEL B. NORTH.

House of Mercy, Mano, Salija, Sierra Leone,
OCTOBER 5, 1907.

DEAR EDITOR:—I was very glad to learn of the growth of interest in the work of nurses in the mission field, and only wish I had the time and ability to write monthly letters for publication in your JOURNAL. I think you will realize how little time I have when I tell you that I have a day school of seventy girls, seventeen of whom are living here, beside my medical and surgical work, and Sunday school. Fortunately, I have to help me in my dispensary work, a native girl who had two years' training at the Princess Christian Cottage Hospital in Freetown. I am also teaching one of the larger girls to dress wounds. She can do this quite well now. We have our dispensary three afternoons a week. During two weeks I kept an account of those coming or sending for treatment or medicines and there were one hundred and ninety-eight.

As there is no doctor here, I have to do my best to prescribe for the various patients who come to me. This is sometimes quite difficult, as there are diseases here which I have never seen at home, such as elephantiasis and leprosy. My elephantiasis patient seems to be temporarily relieved by bichloride and boracic, but I suppose his foot should be amputated. I heard, though, of his going fishing the other day. I am not perfectly sure about the leprosy patient, but the child seems to have the symptoms of that dreadful disease. She came to me a few weeks ago from somewhere up the lake. She is a little slave, so I do not know where she was born. One finger has dropped off her right hand and the others are much distorted. I think they will soon follow perhaps. We do not dress her wounds, for fear of infecting our other ulcer patients, but let her take the dressings, bandages, etc., with her to the neighboring native town, where she is staying with the woman who had her brought here for treatment.

I think you would be interested in a man who came some months ago with a very bad ankle. There were three or four cavities around it, and he said he had had these ulcers, off and on, for eight years. When he first came to us, he had to be "toted" on another man's back up this hill. Now the ulcers are almost gone, and he walks

quite easily with a stick. The natives thought he would never walk again because he had been cursed, as they call it. It seems he wanted a certain girl for a wife; and would have her, though he was told that if he married her he would "sit down all his life." When these ulcers came, his wife left him. He comes to our Sunday school on Sunday afternoons, so I hope his superstitions will give way before the true light.

I have had two cases of supposed poisoning to attend to since I have been here. There are so many poisonous plants in the bush that I believe the natives do poison each other sometimes by putting these in their soup. They think they are poisoned by walking over poison which has been put in the way for them or for some one else by an enemy. An emetic soon relieved my two patients. One I think perhaps was really poisoned, but the other I thought was more frightened.

I hope this will give you a little idea of the nursing side of my work here.

Wishing you every success in your new department,

MARGARETTA S. RIDGELY.

AN OPEN LETTER.

SEOUL, KOREA, NOVEMBER 7, 1907.

MY DEAR MISS CAROLINE E. MADDOCK.—Allow me to thank you for the very interesting and instructive article on mission nursing which I find in the September number of our AMERICAN JOURNAL OF NURSING.

Some of your experiences savor thoroughly of Korea. For instance, the use of "a slipper" is highly recommended in *some* cases.

It is interesting to note that both have decided upon a six year course of instruction for our nurses.

Korean young widows are proving their ability as able students and faithful hard working nurses. We expect to graduate two next spring.

Again thanking you, I remain,

Very sincerely,

MARGARET EDMUNDS.